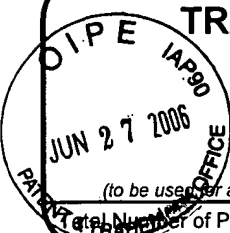



RCE  
\$  
IF

 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/988,155	
	Filing Date	November 19, 2001	
	First Named Inventor	Jean Sini	
	Art Unit	2163	
	Examiner Name	Hanh B. Thai	
Total Number of Pages in This Submission	22	Attorney Docket Number	19111.0059

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE)
<b>Remarks</b>  		

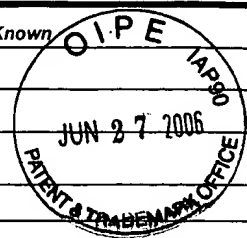
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Bingham McCutchen LLP 3000 K Street, N.W., Suite 300 Washington, D.C. 20007		
Signature			
Printed Name	Chadwick A. Jackson		
Date	June 27, 2006	Reg. No.	46,495

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name		Date	

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<b>FEE TRANSMITTAL</b> <b>for FY 2006</b>		Complete if Known	
		Application Number	09/988,155
		Filing Date	November 19, 2001
		First Named Inventor	Jean Sini
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Hanh B. Thai
		Art Unit	2163
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 1,810.00		Attorney Docket No.	19111.0059



**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 19-5127(19111.0059) Deposit Account Name: Bingham McCutchen LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

<b><u>Fee Description</u></b>	<b><u>Fee (\$)</u></b>	<b><u>Fee (\$)</u></b>			
Each claim over 20 (including Reissues)	50	25			
Each independent claim over 3 (including Reissues)	200	100			
Multiple dependent claims	360	180			
<b><u>Total Claims</u></b>	<b><u>Extra Claims</u></b>	<b><u>Fee(\$)</u></b>	<b><u>Fee Paid (\$)</u></b>	<b><u>Multiple Dependent Claims</u></b>	
<u>15</u>	-20 or HP= <u>      </u>	x <u>      </u>	= <u>      </u>	<b><u>Fee (\$)</u></b>	<b><u>Fee Paid (\$)</u></b>
HP = highest number of total claims paid for, if greater than 20.					
<b><u>Indep. Claims</u></b>	<b><u>Extra Claims</u></b>	<b><u>Fee(\$)</u></b>	<b><u>Fee Paid (\$)</u></b>		
<u>3</u>	- 3 or HP= <u>      </u>	x <u>      </u>	= <u>      </u>		
HP = highest number of independent claims paid for, if greater than 3.					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x	_____ =	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Cont. Examination(RCE) \$790. and Petition for Extension of Time (3 months) \$1,020.00.

**\$1,810.00**

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	46,495	Telephone	202-424-7500	
Name (Print/Type)	Chadwick A. Jackson	Date	June 27, 2006			

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